

Form 3M Income Tax Return for Clubs and Other Organizations not Engaged in Business for Profit (Organizations whose gross income is \$100 or less are not required to file a return)

2000

Massachusetts

Department of

Revenue

For	calendar year 2000 or taxable year beginning	, 2000 and e	nding	
Nam	e of organization	Federal identification number	-	
<u>Ct</u>	-	City on town	04-4-	7:
Stre	et address	City or town	State	Zip
Date	of organization	If using the whole-dollar method,		
>	Ç	► check box □		
Orga	anization's books are in care of	Principal organization activity		
Stre	et address	City or town	State	Zip
	the federal government changed your taxable income for plete a new Form 3M for that year and mark "Amended			
Co	emputation of Tax			
1	5.85% income, including interest from Mass. banks.*	List sources and amounts	▶1	ı
2	Interest and dividend income (from Massachusetts So			
3	Total 5.85% income. Add line 1 and line 2			
4	Tax on 5.85% income. Multiply line 3 by .0585		-	
5	Taxable 12% capital gains (from Massachusetts Sche		1	· · · · · · · · · · · · · · · · · · ·
6	Tax on 12% capital gains. <i>Multiply line 5 by .12</i>		▶6	ı
7	Tax on long-term capital gains (from Massachusetts S			
8	Total tax. Add lines 4, 6 and 7	,	-	
9	1999 overpayment applied to your 2000 estimated tax		1	
10	2000 Massachusetts estimated tax payments (do not			
11	Payments made with extension	· · · · · · · · · · · · · · · · · · ·		
12	Total payments. Add lines 9, 10 and 11	<u> </u>		I
13	Overpayment. If line 8 is smaller than line 12, subtraction		F	1
14	Amount of overpayment to be credited to your 2001 e		1	<u> </u>
15	Amount of your refund. Subtract line 14 from line 13		▶15	I
16	Amount of tax due. If line 12 is smaller than line 8, s		F	i
17	M-2210 penalty ►\$; Late file/pay per			i
18	Interest on unpaid balance*			
	Total payment due at time of filing. Add lines 16, 17 a.			
	te check payable to: Commonwealth of Massachusetts			1
Unc my	ler penalties of perjury, I declare that I have exami knowledge and belief it is true, correct and compl she has any knowledge.	ned this return, including accompanying sc		
	signature Date	e Paid preparer's signature		Date
		>		
Title				
Firm	name	PTIN or SSN		

This return is due on or before the fifteenth day of the fourth month after the close of the taxable year, calendar or fiscal. Make check or money order payable to Commonwealth of Massachusetts. Mail return, together with payment in full, to: Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.

City/Town

State

Zip

*See Form 1 instructions.

Street address

STAPLE CHECK HERE

S	chedule B. Interest, Dividends and Certain Capital Gains & (Losses)
1	Enter taxable interest (other than interest from Massachusetts banks) received during the year
2	Enter taxable dividends received during the year
3	Add lines 1 and 2 3
4	Enter taxable interest (other than interest from Massachusetts banks) and dividends from all partnerships and non-Massachusetts estates and trusts
5	Add lines 3 and 4. If you have no short-term capital gains or (losses), long-term gains on collectibles and pre-1996 installment sales, carryover short-term (losses) from prior years, or net long-term capital (losses), omit lines 6–15. Enter this amount in line 16 and on Form 3M, line 2. Omit lines 17 and 18. Otherwise complete Schedule B
6	Short-term capital gains (included in U.S. Schedule D, lines 1, 2, 4 and 5, column (f))
7	Long-term capital gains on collectibles and pre-1996 installment sales (from Mass. Schedule D, line 10)*
8	Add lines 5, 6 and 7 8
9	Short-term capital (losses) (included in U.S. Schedule D, lines 1, 2, 4 and 5, column (f))
	Prior short-term (losses) for years beginning after 1981 (from 1999 Mass. Schedule B, line 20)
11	Combine lines 8, 9 and 10. If Schedule B, line 11 is a loss and all amounts in Schedule D, line 13, columns A, B, C, D or E, are "0" or less, omit line 12–15, enter "0" in lines 16 and 17, enter the amount from line 11 in line 18 and enter "0" on Form 3M, lines 2 and 5. If line 1ine 11 is a positive amount and any amount in Schedule D, line 13, columns A, B, C, D or E is greater than "0," omit line 12 and enter the amount from line 11 in line 13.
12	Capital (losses) applied against interest, dividends and/or capital gains (see instructions) 12
	Subtotal. If line 11 is greater than "0," subtract line 12 from line 11. If line 11 is less than "0," combine lines 11 and 12. If line 13 is a loss, omit lines 14 through 17, enter the amount from line 13 in line 18 and enter "0" on
	Form 3M, lines 2 and 5
14	Long-term net collectible gain deduction. Complete only if lines 7 and 13 are greater than "0." If there is no entry in line 7, enter "0." If line 7 shows a gain, enter 50% of line 7 less 50% of
	(losses) in lines 9, 10 and 12, but not less than "0"
15	Adjusted gross interest, dividends and certain capital gains. Subtract line 14 from line 13. Not less than "0"
16	Taxable interest and dividends. If line 15 is greater than or equal to line 5, enter the amount from line 5 here and on Form 3M. line 2. If line 15 is less than line 5, enter the amount from line 15 here and on Form 3M. line 2

17 Taxable 12% capital gains. Subtract line 16 from line 15. Not less than "0." Enter result here, and on Form 3M, line 5 . . . 17

18 Available short-term (losses) for carryover in 2001. Enter amount from line 13 only if it is a (loss). If line 13 is not

*See Form 1 instructions.

Schedule D. Long-Term Capital Gains and (Losses) Excluding Collectibles

Attach copy of U.S. Schedule D.

For lines 1 through 6, 8 and 10 enter in the appropriate column amounts from the sale, exchange or involuntary conversion of Massachusetts capital assets:

	Estar accounts included in U.O. Ontrodula D	A. Held more than 1 year but not more than 2 years	B. Held more than 2 years but not more than 3 years	C. Held more than 3 years but not more than 4 years	D. Held more than 4 years but not more than 5 years
1	Enter amounts included in U.S. Schedule D, line 8, column f				
2	Enter amounts included in U.S. Schedule D,		·		
	line 9, column f				
3	Enter amounts included in U.S. Schedule D, line 11, column f				
4	Enter amounts included in U.S. Schedule D, line 12, column f				
5	Enter amounts included in U.S. Schedule D, line 13, column f		ĺ		
6	Carryover losses from prior years.	((1)		/
	See instructions6	()	()	()	()
	Combine lines 1 through 6				
8	Massachusetts differences, if any* (attach additional statement)				
9	Massachusetts 2000 gains or (losses). Exclude/subtract line 8 from line 7				
10	Long-term gains on collectibles and pre-1996 installment sales.* Also, enter this amount in				
	Schedule B, line 7				
11	Subtotal. Subtract line 10 from line 9				
12	Long-term capital (losses) applied against long-term capital gains (see instructions) 12				
13	Subtotal. Combine line 11 and line 12 13				
	Capital (losses) applied against interest, dividends and/or capital gains (see instructions) 14			1	
15	Subtotal. If line 13 is greater than '0," subtract line 1 combine lines 13 and 14. If line 15 is a loss, omit line from line 15 in line 18 and enter "0" on				
	Form 3M, line 7	Multiply line 15, col. A by .05; enter result below	Multiply line 15, col. B by .04; enter result below	Multiply line 15, col. C by .03; enter result below	Multiply line 15, col. D by .02; enter result below
16	Multiply line 15 by the applicable tax rate 16	I	ı	ı	ı
	Tax on long-term capital gains. Add lines 16A, 16B, (Schedule D, page 2). Not less than "0." Enter resu		line 7 17		<u> </u>
18	Available (losses) for carryover in 2001. Enter in lin column A, only if it is a (loss). Enter in line 18, colum only if it is a (loss). Enter in line 18, column C the amount from line 15, column C, only if it is a (loss).	e 18, column A the amo nn B the amount from lin Column A	unt from line 15, ne 15, column B,	Column C	Column D
	Enter in line 18, column D the amount from	carryover amount	carryover amount	carryover amount	carryover amount
	line 15, column D, only if it is a (loss) 18	()	()	()	()

^{*}See Form 1 instructions.

Schedule D. Long-Term Capital Gains and (Losses) Excluding Collectibles

Attach copy of U.S. Schedule D.

For lines 1 through 6, 8 and 10 enter in the appropriate column amounts from the sale, exchange or involuntary conversion of Massachusetts capital assets:

		riela lilore tilali 5 years
1	Enter amounts included in U.S. Schedule D, line 8, column f	
2	Enter amounts included in U.S. Schedule D, line 9, column f	
3	Enter amounts included in U.S. Schedule D, line 11, column f	
4	Enter amounts included in U.S. Schedule D, line 12, column f	
5	Enter amounts included in U.S. Schedule D, line 13, column f	
6	Carryover losses from prior years. See instructions	
7	Combine lines 1 through 6	
8	Massachusetts differences, if any* (attach additional statement)	
9	Massachusetts 2000 gains or (losses). Exclude/subtract line 8 from line 79	
10	Long-term gains on collectibles and pre-1996 installment sales.* Also, enter this amount in Schedule B, line 7	
11	Subtotal. Subtract line 10 from line 9	
12	Long-term capital (losses) applied against long-term capital gains (see instructions)	
13	Subtotal. Combine line 11 and line 12	
14	Capital (losses) applied against interest, dividends and/or capital gains (see instructions)	
15	Subtotal. If line 13 is greater than '0," subtract line 14 from line 13. If line 13 is less than "0," combine lines 13 and 14.	Multiply line 15, col. E by .01; enter result below
	If line 15 is a loss, omit lines 16 and 17, enter the amount from line 15 in line 18 and enter "0" on Form 3M, line 7	
16	Multiply line 15 by the applicable tax rate. Complete line 17 on Schedule D, page 1	
18	Available (losses) for carryover in 2001. Enter in line 18, column E the amount from line 15, column E,	Column E carryover amount
	only if it is a (loss)	()
*See	e Form 1 instructions.	

Form 3M Instructions

This form is solely for the use of clubs, labor unions, political committees, taxable fraternal organizations and all other organizations not engaged in business for profit, and consequently having only taxable dividends, interest, capital gains, Massachusetts savings deposit interest and other miscellaneous income. If such an organization has taxable business or other income, the return should be made on Form 3, Partnership Return of Income, and each member must include his/her share by class of income on his/her individual income tax return. Religious organizations, whether incorporated, and fraternal societies, orders or associations, operating under the lodge system or for the inclusive benefit of the members of a fraternity, itself operating under the lodge system, and providing life, sick, accident or other benefits for the members of such society, order or association or their dependents, are exempt from taxation and do not need to file this return.

Schedule B, Line 12 and Schedule D, Line 14. If Schedule B, line 11 is a (loss) and any amount in Schedule D, line 13, columns A, B, C, D or E is a positive amount, you must complete a pro forma version of the Short-Term Capital (Losses) Applied Against Long-Term Capital Gains Worksheet found on page 33 in the Form 1 instruction booklet. When completing the worksheet, substitute Schedule B, line 11 (Form 3M) for Schedule B, line 17 (Form 1); Schedule D, line 13 (Form 3M) for Schedule D, line 14 (Form 1); Schedule D, line 14 (Form 3M) for Schedule B, line 15 (Form 1); and Schedule B, line 12 (Form 3M) for Schedule B, line 18 (Form 1).

If Schedule B, line 11 is a positive amount and any amount in Schedule D, line 13, columns A, B, C, D or E is a (loss), you must complete a pro forma version of the Long-Term Capital (Losses) Applied Against Interest, Dividends and Short-Term Capital Gains Worksheet found on page 33 in the Form 1 instruction booklet. When completing the worksheet, substitute Schedule B, line 11 (Form 3M) for Schedule B, line 17 (Form 1); Schedule D, line 13 (Form 3M) for Schedule D, line 14 (Form 1); Schedule D, line 14 (Form 3M) for Schedule B, line 15 (Form 1); and Schedule B, line 16 (Form 3M) for Schedule B, line 18 (Form 1).

Schedule D, Line 6. If you have a carryover (loss) from a prior year, enter in the applicable column in line 6 the amount of carryover (losses) from your 1999 Schedule D, line 20, columns A, B, C and D. This line is not applicable for column E.

Schedule D, Line 12. If any amount in Schedule D, line 11 columns A, B, C, D or E is a positive amount and any amount in Schedule D, line 11, columns A, B, C, D or E is a (loss), you must complete a pro forma version of the Long-Term Capital (Losses) Applied Against Long-Term Capital Gains Worksheet found on pages 38–40 in the Form 1 instruction booklet. When completing the worksheet, substitute Schedule D, line 11 (Form 3M) for Schedule D, line 12 (Form 1) and Schedule D, line 12 (Form 3M) for Schedule D, line 13 (Form 1).

Where to file. Mail Form 3M and all accompanying schedules to:

Massachusetts Department of Revenue PO Box 7018 Boston, MA 02204